

Jasper County Board of Disabilities and Special Needs
P.O. Box 747
Ridgeland, SC 29936

Electronic Funds Transfer and Payroll Tax Deduction
Authorization Form

Please Print

Name:

Social Security Number:

_____ I hereby authorize JCBDSN to direct deposit my earnings each pay period into my checking or savings account. *

_____ I hereby authorize JCBDSN to deduct federal, FICA, and state withholdings for each pay period.

_____ Date

_____ Signature

*Checking account-Please attach a voided check

*Savings account-Please list the following:

Routing Number: _____

Account Number: _____

Name of Bank: _____

City of Bank: _____